



## City of Augusta, GA 2004 ESG Application

Housing & Neighborhood Development Department  
One 10<sup>th</sup> Street, Suite 430  
Augusta, GA 30901  
Telephone: (706) 821-1797

**DUE DATE: April 30, 2003 - 5:00 PM**

### 1. APPLICANT (agency)

### CONTACT PERSON

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address (work)

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
Telephone no. (work)

### 2. PROJECT INFORMATION

\_\_\_\_\_  
PROJECT TITLE

\_\_\_\_\_  
PROPOSED LOCATION (Address or specific description - attach map)

\_\_\_\_\_  
How many persons will project serve?

\_\_\_\_\_  
How many low & moderate income?

\_\_\_\_\_  
Which priority need(s) does this project serve? (see priority need tables)

ESG \$'s REQUESTED: \$ \_\_\_\_\_ TOTAL PROJECT COST: \$ \_\_\_\_\_

### **3. PROJECT ELIGIBILITY**

To be eligible for ESG funding, a project must qualify as an eligible activity. Check the category or categories that apply to your project.

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- ☐ Renovation, major rehabilitation or conversion of buildings for use as emergency shelters for the homeless.
- ☐ Provision of essential services including services concerned with employment, health, substance abuse or education.
- ☐ Payment of maintenance, operation (including administration but excluding staffing costs), rent, repair, security, fuels and equipment, insurance, utilities and furnishings.
- ☐ Developing and implementing homeless prevention activities such as financial assistance for families who have received eviction notice or notices of termination of utility services.

### **4. PROJECT DESCRIPTION**

Describe specifically the purpose of the project, identifying the problems the project is intended to help solve. Include WHAT you will do, WHO you will serve, WHY the project is needed, WHERE you will do it, WHAT you will fund with ESG funds and WHEN will the project start and be completed.

## 5. ANTICIPATED PROJECT OUTCOMES

Complete the chart below to describe the most significant outcome(s) this project is expected to have on its participants for Year 2004. Tell how many homeless families or individuals will realize each outcome and how each outcome will be measured. Copy chart and attach to describe additional outcomes.

**Outcomes:** Outcomes are not the activities of the agency, but the benefits for the participants. What will be the benefits for the client? Why is this project being done? Examples of outcomes include # of clients that achieved self-sufficiency, # of clients placed in permanent jobs with living wage; # of homeless that moved into permanent housing. Include only major project outcomes supported by the requested City funds.

**Major Tasks:** Outline the major tasks/activities to be conducted by this project (e.g. Place homeless families into a transitional housing unit, provide case management with essential services needed to regain stability and self-sufficiency within 8 months; prevent families from being evicted from their homes by providing rental assistance & other essential services & provide job training/placement for homeless, etc.).

**Outputs:** Quantifiable products of each of the major tasks described (e.g. # of homeless families or individuals placed in transitional housing, # clients provided case management to, # of families or individuals provided rental assistance, etc.).

**Outcome Measurements:** How will you measure outcomes? What follow-up tracking will be provided to ensure outcomes are met? How will the project's impact on participants be evaluated?

**Outcome #1** *Describe how participants will benefit and how many are expected to realize this outcome.*

Major Tasks Necessary to Realize Outcomes	Outputs Resulting from Tasks
Outcome Measurements: <i>Describe evaluation tools, methods and benchmarks to measure achievement of this outcome.</i>	

**Outcome #2** *Describe how participants will benefit and how many are expected to realize this outcome.*

Major Tasks Necessary to Realize Outcomes	Outputs Resulting from Tasks
Outcome Measurements: <i>Describe evaluation tools, methods and benchmarks to measure achievement of this outcome.</i>	

## 6. IMPLEMENTATION SCHEDULE

Provide general time line for program implementation and expenditure of funds requested from City.

<b>JANUARY 2004</b>	<b>FEBRUARY 2004</b>	<b>MARCH 2004</b>
Status of Activities:	Status of Activities:	Status of Activities:
City Grant Funds Expended:	City Grant Funds Expended:	City Grant Funds Expended:
<b>APRIL 2004</b>	<b>MAY 2004</b>	<b>JUNE 2004</b>
Status of Activities:	Status of Activities:	Status of Activities:
City Grant Funds Expended:	City Grant Funds Expended:	City Grant Funds Expended:
<b>JULY 2004</b>	<b>AUGUST 2004</b>	<b>SEPTEMBER 2004</b>
Status of Activities:	Status of Activities:	Status of Activities:
City Grant Funds Expended:	City Grant Funds Expended:	City Grant Funds Expended:
<b>OCTOBER 2004</b>	<b>NOVEMBER 2004</b>	<b>DECEMBER 2004</b>
Status of Activities:	Status of Activities:	Status of Activities:
City Grant Funds Expended:	City Grant Funds Expended:	City Grant Funds Expended:

7. **PROJECT SITE** - (Complete if project is for physical improvements such as renovations, rehabilitation or conversion of shelters.)

A. Site Control: Indicate below the status of the project site and attach documentation of site control: *(lease agreement, purchase option or property deed)*

- ☐ Applicant owns property: Date acquired: \_\_\_\_\_
- ☐ Lease. Expiration Date: \_\_\_\_\_
- ☐ Option to purchase. Expiration Date: \_\_\_\_\_
- ☐ Other, describe: \_\_\_\_\_

B. Zoning: If zoning is not known, contact the Planning Commission at 821-1796.

- 1) Project structure type is: ☐ Residential ☐ Commercial ☐ Other: \_\_\_\_\_
- 2) What is current zoning classification of project site?: \_\_\_\_\_
- 3) Is site zoned correctly for the proposed activity?: ☐ Yes ☐ No  
If No, then provide an explanation of efforts and timetable to change zoning or obtain variance:

C. Appraisal: If funding request is for property acquisition, has appraisal been done within the past 18 months?

- ☐ Yes: must attach copy of appraisal
- ☐ No. If appraised value not known, what is the source of acquisition cost estimate?

8. **RELOCATION** - (Complete if project is for physical improvements such as renovations, rehabilitation or conversion of shelters.)

Does project require temporary/permanent relocation or moving of occupants of a structure?

- ☐ Yes ☐ No

*If yes, project is subject to The Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA).*

A. How many units are vacant? \_\_\_\_\_ How long have these units been vacant? \_\_\_\_\_

B. How many units are occupied? \_\_\_\_\_

Requires: ☐ Temporary and/or ☐ Permanent Displacement?

C. How many of the occupied units are:

Owner-occupied?: \_\_\_\_\_ Renter-occupied?: \_\_\_\_\_ Businesses?: \_\_\_\_\_

D. What is the projected total relocation cost? \$ \_\_\_\_\_

Describe relocation plans, including timetable, notifications to seller and occupants?

## **9. ACCESSIBILITY FOR PERSONS WITH PHYSICAL DISABILITIES**

Federal regulations require that all facilities and/or services assisted with CDBG/ESG/HOME funds be accessible to the disabled, whenever feasible. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

A. For Physical Improvement/Development Projects:

Will completed project meet ADA standards for accessibility by the disabled?

☐ Yes ☐ No

B. For Service Programs (Direct Services):

Is facility, in which program occurs in compliance with ADA accessibility standards?

☐ Yes ☐ No

C. If you responded “No” in A or B above, describe accessibility problems and method to address problems, including funding and timetable:

## **10. EMPLOYMENT AND CLIENT PARTICIPATION**

A. Non-Discrimination: Do you notify the public that you do not discriminate based on race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices or provision of services?

☐ Yes, currently ☐ Not currently ☐ Willing to adopt practice

## **11. TYPE OF FUNDING REQUESTED**

☐ Loan ☐ Grant ☐ Combination

**12A. PROPOSED PROJECT BUDGET**

	<b>Total Project Amount (including ESG)</b>	<b>ESG Portion Only</b>
<b>RENOVATION/MAJOR REHABILITATION or CONVERSION</b>		
<b>SHELTER OPERATIONS</b>		
Salaries & Fringe related to Operations		
Office Supplies & Postage		
Rent/Utilities/Insurance of shelter unit(s), office		
Maintenance (salaries, purchase of service, fees, etc.)		
Maintenance Supplies		
Furniture/Fixtures and Equipment		
Out-of-state Travel		
Local Travel		
Staff Development		
Other: <u>(Specify)</u>		
<b>INDIRECT/ADMINISTRATIVE COSTS</b>		
<b>ESSENTIAL SERVICES TO THE HOMELESS</b>		
Staff & Fringe necessary to provide essential services		
Food or Meals		
Employment Support (work cards, job training, clothes, etc.)		
Education Scholarships		
Child Care Expenses		
Transportation Assistance		
Medical/Psychological/Substance Abuse Treatment		
<b>HOMELESS PREVENTION ACTIVITIES</b>		
Rent Assistance to prevent eviction		
Utility Assistance to prevent termination of services		
Security Deposits or first month's rent into permanent housing		
<b>TOTAL PROJECT COST:</b>		

- B. If applicable, please indicate below the total number of staff positions (including titles) which are included under the “Salaries and Fringes” portion of the Project Budget. Also, please show which positions or percentage of salary that would be reimbursed with ESG funds.

Position	Amount of Salary	% Reimbursed with ESG Funds

## 12. MATCHING FUNDS

ESG Funding requires a match with an equal amount of funds, which cannot be other ESG funds or federal monies (with the exception of Community Development Block Grant funds and Community Services Block Grant funds).

Please identify the sources and amounts of proposed matching funds:

1. \$ \_\_\_\_\_
2. \$ \_\_\_\_\_
3. \$ \_\_\_\_\_

If matching funds will be provided through in-kind services, please describe the source and amounts of proposed in-kind matching funds below:

Value of Donated Building \$ \_\_\_\_\_

Value of Donated Materials \$ \_\_\_\_\_

Value of any Lease on Building \$ \_\_\_\_\_

Salary paid to staff of the grantee or fees paid to a nonprofit recipient (as appropriate) in carrying out the ESG program \$ \_\_\_\_\_

Time and Services contributed by volunteers to carry out the ESG Program, determined at the rate of \$10 per hour \$ \_\_\_\_\_



**13. COMMITTED FUNDS**

Identify sources and amounts of committed funds for current program year for this project.

Source	Funding Amount	Budget Line Item Covered by Funds

**15. PROPOSED REVENUE SOURCES**

ESG Funding Request	\$
Applicant's Contribution	\$
Other government contributions:	
Federal (Specify)	\$
State (Specify)	\$
Local (Specify)	\$
Private Contributions (Specify)	\$
	\$
<b>TOTAL PROJECT REVENUES</b>	<b>\$</b>

**16. RECEIPT OF PRIOR ESG MONIES**

A. Has this project received a ESG grant in the past? [ ] Yes [ ] No

If yes, fill in below:

- Year(s) of award(s) \_\_\_\_\_
- Grant amount(s)      \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**17. ORGANIZATION INFORMATION**

A. Background – Include the length of time the agency has been in operation, date of incorporation, the purpose of the agency and type of corporation.

B. Describe all services and programs offered. If a license to operate your agency is necessary, submit a copy of the license.

C. Describe the agency's existing staff positions and qualifications.

D. Do you have a personnel policy manual with an affirmative action plan and grievance procedure?

E. Describe the agency's fiscal management including financial reporting, record keeping, accounting systems, payment procedures and audit requirements.

F. Provide evidence of financial accountability such as a recent audit or annual accounting with balance sheets.

NOTE: Audit Requirements – In accordance with the Office of Management and Budget Circulars A-133, A-128 and A-110, the Federal Government requires that non-profit organizations receiving \$300,000 or more in federal financial assistance in a fiscal year must secure an audit.

**18. CONFLICT OF INTEREST QUESTIONNAIRE**

- A. Are any employees, agents, consultants, officers, or elected officials of the agency requesting funds in a position to participate in the decision making process for approval of this application? \_\_\_\_\_
- B. Are any employees, agents, consultants, officers, or elected officials of the agency requesting funds in a position to gain inside information with regard to approval of this application? \_\_\_\_\_
- C. Will any employees, agents, consultants, officers or elected officials of the agency requesting funds obtain a financial interest from this activity? \_\_\_\_\_
- D. Will any employees, agents, consultants, officers or elected officials of the agency requesting funds have an interest in any contract, subcontract or agreement with respect to funding this application, either for themselves or those with whom they have family or business ties during the 2004 program year and one year thereafter? \_\_\_\_\_

*If you are approved for funding and have answered YES to any of the above questions, a disclosure notice must be issued and a 15-day public comment period must be held prior to execution of Year 2004 grant agreement or release of funds.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **19. ATTACHMENTS**

- A. Articles of Incorporation and Bylaws  
Documents recognized by the State as formally establishing a private corporation, business or agency.
- B. State & Federal Tax Exemption Determination Letters  
Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board.
- C. List of Board of Directors  
A list of the current board of directors or other governing body of the agency must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.
- D. Board of Directors' authorization to request funds  
Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.
- E. Board of Directors' designation authorized official  
Documentation must be submitted of the governing body's action authorizing the representative of the agency to negotiate for and contractually bind the agency. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.
- F. Organizational Chart  
An organization chart must be provided which describes the agency's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure, and which identifies any staff positions of share responsibility.
- G. Resume of Chief Program Administrator
- H. Resume of Chief Fiscal Officer
- I. Most recent Audit/financial statement
- J. Copy of IRS Form 990 – Return of Organization Exempt from Income Tax
- K. Statistical Report for last 12-month period.
- L. Conflict of Interest Questionnaire

***Failure to comply with any of the above items may be reason to deny and return application.***